L110W0028906

(Requestor's Name)					
(Ad	ldress)				
(Ad	idress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Do	(Document Number)				
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EXAMINER



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12 SEP 13 PH 3: 09

DIVISION OF CORPORATIONS

COVER LETTER

10:	Division of Cor			
CHDIC	CT.	GLASSTA	STIC IDEAS LLC	
SUBJE	.UI:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all correspo	ondence concerning this matte	r to the following:	
			ZOLTAN VAGO	12 SEP 13
			Name of Person	70
	GLASSTASTICS IDEAS LLC			
			Firm/Company	PH 39. 03
		349 CORAL DRIVE		
			Address	
		FORT '	WALTON BEACH FL 325	548
		DAMADO	City/State and Zip Code	014
		E-mail address: (NADONNA@YAHOO.Co	otification)
For furt	her information c	oncerning this matter, please	call:	
	PAM	BONADONNA	at (_850_)	581-5452
	Name o	f Person		time Telephone Number
Enclose	ed is a check for the	ne following amount:		
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ______03/09/2011 Florida document number _____L11000028906 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ZOLTAN VAGO Name of New Registered Agent: 349 CORAL DRIVE SW New Registered Office Address: Enter Florida street address FORT WALTON BEACH City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SARAH M VAGO	349 CORAL DRIVE SW FORT WALTON BEACH FL 32548	Add Remove
			Add Remove
			Add Remove
.			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
_ -			<u> </u>
			_ _
Dated	Signature of a memb	er or authorized representative of a member	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00